

THE COMMONWEALTH OF MASSACHUSETTS

NAME OF CITY OR TOWN

ASSESSORS USE ONLY	
17	41
DATE RECEIVED	
APPLICATION NO.	
PARCEL ID.	

SENIOR 70 AND OLDER
FY__ APPLICATION FOR STATUTORY EXEMPTION
General Laws Chapter 59, Section 5

THIS APPLICATION IS NOT OPEN
TO PUBLIC INSPECTION
(See General Laws Chapter 59, Section 60.)

Must be filed with Board of Assessors on or
before December 15 or 3 months
after actual (*not* preliminary) tax bills
are mailed for fiscal year if later.

fold

INSTRUCTIONS: Complete all sections fully. (Please print or type.)

A. IDENTIFICATION.

Name of Applicant _____ Marital Status _____
Social Security No. _____ (optional) Tel. No. _____
Legal Residence (Domicile) on July 1, _____
Mailing Address (If different) _____
Location of Property _____ No. of Dwelling Units _____
Did you own the property on July 1, ____? ☐ Yes ☐ No
If yes, were you
☐ Sole Owner ☐ Co-Owner with Spouse Only ☐ Co-Owner with Others?
Was the property subject to a trust as of July 1, ____? ☐ Yes ☐ No
(If yes, attach trust instrument including all schedules.)
Have you been granted any exemption in any other city or town for this year? ☐ Yes ☐ No
If yes, name of city or town _____ Amount exempted \$ _____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

<input type="checkbox"/> Ownership	<input type="checkbox"/> GRANTED	Assessed Tax _____
<input type="checkbox"/> Occupancy	<input type="checkbox"/> DENIED	Exempted Tax _____
<input type="checkbox"/> Status	<input type="checkbox"/> DEEMED DENIED	Adjusted Tax _____
<input type="checkbox"/> Income	Date Voted/Deemed Denied _____	BOARD OF ASSESSORS
<input type="checkbox"/> Assets	Certificate No. _____	
	Date Cert./Notice Sent _____	
	Exemption: Clause _____	Date _____